PESITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		2/5	10.05
FORMALITY REVIEW			01-23-00
RESPONSE FORMALITY REVIEW	D_{U}		
	16		3-11-60

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•	Rejected		N	******************************	Non-elected
	Allowed	•	1	***************************************	Interference
-	Through numeral) Canceled Restricted		A	*************************	Appeal
+	A Restricted		0	***********	Objected

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Claim Care	Final Original	
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If more than 150 claims or 10 actions staple additional sheet here

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